COVERING IA	OBBYING EXPEND FORM 507 MILARY 1 - JUNE 30 D MUARY 1 - DECEMBER 31, 2003 MICS, 2415 Quail Dr., 3rd Floor, U Mr (225)763-6780	OUE AU	GUST 15 IE FEBRUARY	15			FOR OFFICE USE DNLY Postmark Date OS (14) EV 2 (OZ (06)	4
1. Name Brown	Scott	Scott		D			3060200	
Last		First			М		2030400	
2. Business Address:	1055 Warson Woods Drive	St	Louis	Mlasc	ouri	83122		
Et Dualities Transcon	Street and No.		City	Stat	B	Zip		
Mailing Address_	Same as above							
3. Business Phone _		ne Numb		-	A b or	Aissing nu lank and i u them	imbered pages wer had no information	e
(Include expendit 5. Total of all execut (When Applicable 6. Total of all execut (Line 4 added to Li	tive lobbying expenditures made uns from Schedules A and 6) tive lobbying expenditures made e) (Include expenditures from Sche tive lobbying expenditures made ine 5 should equal Line 6)	July 1 t edules A during	hrough Decemi and B) calendar year:	ber 31:	\$ <u>0</u>	.00000.	200 FED 15 (\$10) 25	
7. Did you make an	expenditure exceeding \$50 on a	ne duca	NOTE OF STEEL SAME		_			
From January 1 From July 1 thr	through June 30? ough December 31?	Yes Yes	R		Z)	NA 🗆		
if the answer to	either question in Number 7 abo	we is YE	S, complete Sci	hedule #	A and	attach.		
6. Did you maka ex	penditures exceeding the sum of	\$250 fo	r an executive	branch (afficia	k:		
From January 1 t From July 1 thro	inrough lune 30? ugh December 317	Yes Yes		No No		NA	1	
If the answer to	either question in Number 8 abo	ve is YE	S, complete Sci	nedule A	\ and a	atlach.		
9. Did you expend officials were in	funds for any reception, social gr vited during this reporting perior	athering 3?	, or other funct	ion to w	thich	mora than twe	nty-five executive branch	
	Yes 🗖		No 🖟	Ź				
If the answer to	Number 9 above is YES, complet	te Sched	hule B and attac	h.				
Form 507, R	.ev. 7404	1	Page 1 of <u>3.</u> _	-				

2)	a. Name of Department and Individual Agency: N/A	·
	b. Total of all expenditures made January 1 through June 30:	\$
	c. Total of all expenditures made July 1 through Occember 31: (When applicable)	s
	d. Total of all expenditures made during the calendar year:	\$
3)	a. Name of Department and Individual Agency: N/A	
	b. Total of all expenditures made January 1 through June 30:	s_
	c. Total of all expanditures made July 1 through December 31: (When applicable)	\$
	d. Total of all expenditures made during the calendar waar:	t

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lephyist